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CALIFORNIA HIV SEROPREVALENCE ANNUAL REPORT 2000

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SUBJECT: CALIFORNIA HIV SEROPREVALENCE ANNUAL REPORT 2000

I am pleased to make available to you the *California HIV Seroprevalence Annual Report*. The data in this report were gathered in 2000 by the California Department of Health Services (DHS), Office of AIDS, in collaboration with local health departments, the Centers for Disease Control and Prevention, California blood banks and plasma centers, the United States Department of Defense, DHS Genetic Disease Branch, and the DHS Viral and Rickettsial Disease Laboratory.

The data have been useful to many local health departments in monitoring the human immunodeficiency virus (HIV) epidemic locally, targeting prevention activities and other services, and making other public health policy decisions.

I hope you find the data useful in your local HIV serosurveillance activities, as well as in the community HIV prevention planning process. If you have any questions about this annual report, please contact Shulan He or Renato Littaua, D.V.M., M.P.V.M., Office of AIDS at (916) 445-0553.

Michael Montgomery, Chief
Office of AIDS

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CALIFORNIA HIV SEROPREVALENCE ANNUAL REPORT 2000

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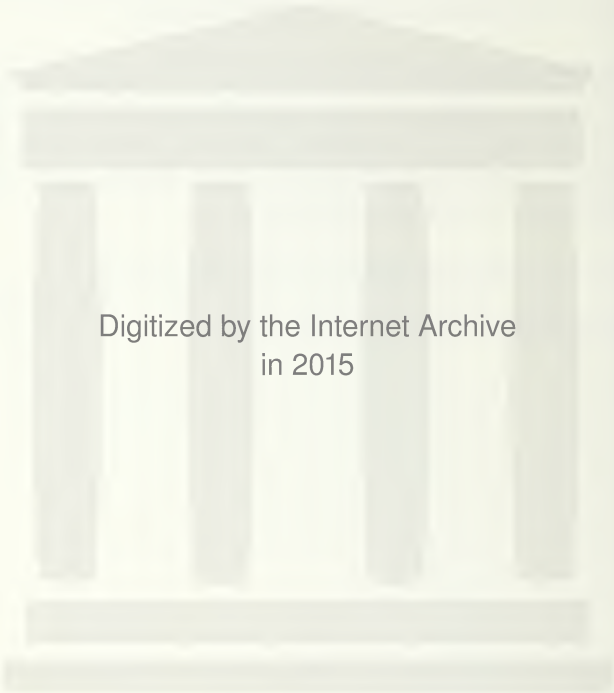

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GLOSSARY OF ACRONYMS

ELISA	Enzyme-Linked Immunosorbent Assay
CDC	Centers for Disease Control and Prevention
DTC	Drug Treatment Center
HFS	HIV Family of Surveys
HIV	Human Immunodeficiency Virus
IDU	Injection Drug Use
IFA	Immunofluorescence Assay
MSM	Men who have Sex with Men
STD	Sexually Transmitted Diseases

EXECUTIVE SUMMARY

Objectives. The objectives of this report are to: 1) establish baseline HIV seroprevalences, and 2) monitor HIV trends in known high-risk individuals and their partners.

Design. The serosurvey uses unlinked (blinded) serum samples. Samples are gathered from discarded blood originally collected from consecutive eligible clients for routine diagnostic purposes and tested for HIV antibodies after all personally identifying information has been removed.

Result. During 2000, there were a total of 3,919 serum samples tested from clients attending sexually transmitted disease (STD) clinics, of which 40 (1.0 percent) were HIV antibody positive. Among risk categories, the highest HIV seroprevalence (9.4 percent) was among men who reported having sex with men. Among racial/ethnic groups, seroprevalence was highest among White men (2.4 percent) and Hispanic women (0.4 percent). The age group 35-39 accounted for 33 percent (12/36) of all HIV-infected men, showing the highest prevalence of 4.7 percent. Of the nine local health jurisdictions participating in this serosurvey, the highest HIV seroprevalences among clients attending STD clinics were reported from the County of San Diego (4.4 percent) and the City of Long Beach (1.8 percent). Among California blood banks, 387,752 specimens were tested, of which seven (0.002 percent) were seropositive. HIV seroprevalence in selected California blood banks ranged from 0 to 0.031 percent. In 2000, 478,449 specimens from selected California plasma centers were tested, of which 27 (0.006 percent) were seropositive; seroprevalence ranged from 0 to 0.016 percent. Among civilian applicants for military service, a total of 11,706 specimens from selected counties were tested, of which three (0.03 percent) were seropositive.

Conclusion. The anonymous seroprevalence survey among clients attending STD clinics, blood bank and plasma centers, and civilian applicants for military service have provided a basis for further describing the HIV epidemic among populations at greatest risk for HIV infection in selected areas of California.

CALIFORNIA HIV SEROPREVALENCE ANNUAL REPORT 2000

Background and Highlights

Between 1988 and 1996, the California Department of Health Services, Office of AIDS (OA) participated in Human Immunodeficiency Virus (HIV) Family of Surveys (HFS) funded by the Centers for Disease Control and Prevention (CDC). The OA has funded sentinel serosurveillance activities from 1997 to the present. The objectives of sentinel serosurveillance are to: 1) provide state and local health officials and the general public with information on HIV seroprevalence in various populations, so that education and prevention programs can be developed, targeted, and evaluated; 2) describe the magnitude and extent of HIV infection by demographic and behavioral subgroup and by geographic area; 3) identify regional and national changes over time in the prevalence of infection in specific populations defined by risk behaviors and demographic characteristics; and 4) assist in projecting the number of children and adults who will develop HIV-associated illness and require medical care.

The serosurveys are clinic-based and are conducted annually in selected sentinel sites throughout the State. They are designed to establish baseline HIV seroprevalence rates, monitor HIV trends in known high-risk or cross-over groups, and serve as an early warning system for the possible spread of HIV from these groups into the general population.

All of these surveys use anonymous, unlinked (blinded) HIV testing. In unlinked surveys, samples gathered from discarded blood originally collected from consecutive eligible clients for routine diagnostic purposes are tested for HIV antibodies after all personal identifying information has been removed. The HIV test results as well as risk information obtained from medical records cannot be linked to specific individuals.

This summary presents results of the HIV serosurveillance activities from surveys in sentinel sites in California during 2000. The selected clinical settings are sexually transmitted disease (STD) clinics. In addition, this report includes data obtained from other sources: HIV screening by blood collection agencies of blood donations, and HIV screening by the Department of Defense of civilian applicants for military service.

All of the surveys in this report measure HIV seroprevalence, which is the proportion of persons who have serologic evidence of HIV infection at a given time. Seroprevalence is influenced by the rate of new HIV infections (incidence) and by attrition of HIV-infected persons from the population under study, often through illness or death.

HIV seroprevalence is a good indicator of future morbidity and health care needs because it measures the level of HIV infection in a population. Seroprevalence data from a single site should be interpreted with caution because the representativeness of the sample population may be changing.

Highlights

Sexually Transmitted Disease Clinics

In 2000, a total of 3,919 serum samples were tested for the presence of HIV antibody at nine STD clinics in nine local health departments[1] (Table 2). Statewide, the seroprevalence (1.0 percent) at STD clinics decreased from 1.1 percent in 1999[2].

The overall HIV seroprevalence among men in 2000 was 1.5 percent and among women was 0.3 percent (Table 3). By risk behavior, the highest seroprevalence (9.4 percent) in STD clinics was among men who reported having sex with men, down from 12.2 percent in 1999.

Among men in the sample, seroprevalence was highest (2.4 percent) in the White racial/ethnic group (Table 4). Among women, the Hispanic racial/ethnic group had the highest seroprevalence (0.4 percent), up from 0.2 percent in 1999.

California Blood Banks and Plasma Centers

In 2000, 387,572 specimens from selected California blood banks[3] were tested, of which seven (0.002 percent) were seropositive (Table 21). In 2000, 478,449 specimens from selected California plasma centers[3] were tested, of which 27 (0.006 percent) were HIV seropositive (Table 22).

[1] Fresno, Kern, Sacramento, San Bernardino, San Diego, San Joaquin, Santa Clara, Long Beach, Berkeley.

[2] All 1999 data from: State of California, Department of Health Services, Office of AIDS. HIV/AIDS Epidemiology Branch: California HIV Seroprevalence Annual Report 1999, June 2001.

[3] Fresno, Kern, Long Beach, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, and Santa Clara.

Civilian Applicants for Military Service

In 2000, a total of 11,706 serum samples were tested among persons applying for military service in seven selected counties[5], of which three were HIV seropositive. HIV seroprevalence was 0.03 percent (Table 23).

Men represented 78.8 percent of the total civilian applicants in these selected counties, of which 0.03 percent were HIV seropositive (Table 24). Women represented 21.2 percent with zero seropositives (Table 25).

[5]Fresno, Kern, Sacramento, San Bernardino, San Diego, San Joaquin, Santa Clara.

CALIFORNIA'S NON-NAME HIV REPORTING SYSTEM

The advent of new HIV treatments in recent years have drastically changed the nature of the HIV epidemic. These treatment advances have reduced morbidity and mortality among individuals infected with HIV and significantly delayed the progression of HIV to the most advanced stage of the disease, namely, acquired immunodeficiency syndrome (AIDS). Consequently, exclusive reliance on AIDS case surveillance information to monitor and characterize various aspects of the HIV epidemic produces an incomplete picture of the HIV-infected population.

There is a compelling need to provide more accurate, complete and timely information on the HIV epidemic to assist in developing effective education, prevention, early intervention, care and treatment programs. In response to this need, the OA has promulgated new regulations for the reporting of individuals infected with HIV. While maintaining the existing name-based surveillance methods for AIDS, the regulations require health care providers and laboratories licensed to conduct HIV-related testing in California to report individuals with confirmed test results indicative of HIV infection to the appropriate local health departments using a non-name code. The local health departments, in turn, forward unduplicated HIV case reports to the OA using the non-name code.

On March 30, 2001, DHS/OA released proposed regulations for a 45-day public comment period and a public hearing was held on May 16, 2001. Based on the public comments and further input from the HIV Surveillance Workgroup, the original regulations were revised and re-released for a 15-day public comment period on December 10, 2001. The Office of Administrative Law filed the regulations with the Secretary of State on May 2, 2002. The non-name HIV reporting system was implemented statewide on July 1, 2002.

SEXUALLY TRANSMITTED DISEASE CLINICS

SURVEYS OF ADULTS ATTENDING SEXUALLY TRANSMITTED DISEASE (STD) CLINICS

STD clinics serve persons at increased risk of infectious disease due to unprotected sex and other behaviors such as injection drug use. During 2000, nine STD clinics in nine local health departments[1] conducted unlinked surveys to determine rates of HIV infection among adults attending STD clinics. Serum samples from clients who were being evaluated for a possible STD and who had not previously visited the clinic since initiation of the survey in any calendar year were included in the survey. Clients attending the clinic solely for HIV testing are eligible for the survey if they have blood drawn for purposes other than HIV testing. Eligible specimens were selected consecutively to meet a desired sample size of at least 500 clients at each clinic.

Beginning in 1997, revised data collection forms and software were implemented which included changes in Risk Behavior and Age Group categories.

STD clinics serve large numbers of HIV-infected persons. HIV surveillance in these clinics provides important information about populations at greatest risk for HIV infection. Serosurveillance may also provide an early warning of the heterosexual spread of HIV infection, since those at greatest risk of heterosexual transmission are likely to be those also at risk of acquiring other STDs.

This report summarizes results for 2000 from nine STD clinics in selected California counties and cities. Statewide, the seroprevalence at the clinics decreased from 1.1 percent in 1999[2] to 1.0 percent in 2000 (Table 1).

Selected California counties and cities STD clinics submitted between 76 and 526 serum specimens each for a total of 3,919 serum samples tested during 2000 (Table 2).

HIV seroprevalence in these clinics varied by region, from a high of 4.4 percent in San Diego to a low of 0.2 percent in the South Valley (Table 1, Figure 1). The seroprevalence for San Diego, Long Beach, and South Valley showed an increase from 1999. However, the seroprevalence for North Valley, Bay Area, and Central Valley decreased. Among selected counties/cities the greatest increase in seroprevalence between 1999 and 2000 was in the City of Long Beach.

---

[1] Fresno, Kern, Sacramento, San Bernardino, San Diego, San Joaquin, Santa Clara, Long Beach, and City of Berkeley.

[2] All 1999 data from: State of California, Department of Health Services, Office of AIDS, HIV/AIDS Epidemiology Branch; *California HIV Seroprevalence Annual Report 1999*, June 2001.

Men represented 60.7 percent (n=2,380) of the total STD population of which 1.5 percent (36) were HIV seropositive, compared with 1.6 percent in 1999 (Table 3). Women represented 38.0 percent (n=1,491) of the total STD population of which 0.3 percent (4) were HIV seropositive, remaining the same compared with 1999. The highest seroprevalence (9.4 percent) was among men who reported having sex with men, down from 12.2 percent in 1999 (a decrease of 23.0 percent). Among heterosexuals, men had a seroprevalence of 0.1 percent, and women had a seroprevalence of 0.3 percent.

In 2000, 36.1 percent (n=1,415) of the specimens tested in the STD clinics were drawn from Hispanic clients; 27.6 percent (n=1,083) from Whites; 26.0 percent (n=1,020) from Blacks; and 5.0 percent (n=197) from Asian/Pacific Islanders (Table 4, Figure 2). Seroprevalence for White men (2.4 percent) increased compared with 1999 (2.1 percent), however, White women remained at 0.2 percent for both years. Among Black men, the seroprevalence decreased from 2.2 percent in 1999 to 1.8 percent in 2000. Seroprevalence among Black women decreased from 0.7 percent in 1999 to 0.3 percent in 2000. The seroprevalence for Hispanic men (0.8 percent) remained the same compared with 1999. Hispanic women (0.4 percent) increased compared with 1999 (0.2 percent). The seroprevalence for Asian/Pacific Islander men (1.0 percent) decreased from 1999 (1.8 percent).

The age group 35-39 had the highest seroprevalence (4.7 percent) and represented 10.6 percent of men attending STD clinics (Table 5, Figure 3). Among women, the seroprevalence for age group 45 and over was the highest (1.7 percent), and represented 8.0 percent of women attending STD clinics.

Table 6 and Figure 4 present HIV seroprevalence for men who have sex with men (MSM) and MSM who have a history of injection drug use (IDU) attending STD clinics by race/ethnicity. In 2000, HIV seroprevalence ranged from a high of 13.9 (5/36) percent among Black men to a low of 6.5 (5/77) percent among Hispanic men. When looking at age groups, the highest seroprevalence (18.6 percent) was among the 30-34 age group (Table 7).

Tables 8 and 9 and Figure 5 present HIV seroprevalence for heterosexual males and females attending STD clinics by race/ethnicity. In 2000, the highest HIV seroprevalence was for Black males (0.2 percent) and for Hispanic females (0.4 percent).

The highest seroprevalence among heterosexual males and females (0.4 and 1.9 percent, respectively) was in the age group 45 years and over (Table 10 and 11 and Figure 6).

Tables 12 through 20 present seroprevalence data from the sentinel sites by risk behavior, race/ethnicity, and age group.

Table 1.
HIV Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics By California Regions 1999-2000

Regions[2]	Number Tested 2000	Number Positive[3] 2000	Seroprevalence (%)		Percent Change 1999 to 2000
			1999	2000	
San Diego	498	22	3.8	4.4	15.8
North Valley	312	1	1.5	0.3	-80.0
Bay Area	546	3	1.4	0.5	-64.3
Long Beach	502	9	1.1	1.8	63.6
Central Valley	1,544	4	0.4	0.3	-25.0
South Valley	517	1	0.0	0.2	a
Total	3,919	40	1.1	1.0	-9.1

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] North Valley= Sacramento. Bay Area= City of Berkeley and Santa Clara. Central Valley= Fresno, Kern, and San Joaquin. South Valley= San Bernardino.

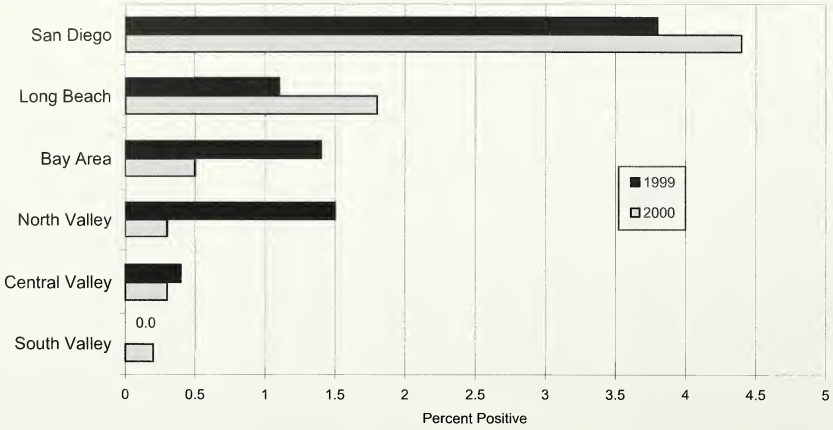
[3] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorescence Assay (IFA).

[a] Not applicable.

Note: Data collection for January – June 2000. Region totals include unknown gender and may not agree with individual County/City totals (Tables 12-22).

Source: California Department of Health Services, Office of AIDS.

Figure 1. HIV Seroprevalence Among Persons Attending STD Clinics by Region (Selected Counties and Cities), 1999 - 2000



Note: South Valley = San Bernardino County. North Valley = Sacramento. Central Valley = Fresno, Kern, and San Joaquin Counties. Bay Area = City of Berkeley and Santa Clara County.
Source: California Department of Health Services, Office of AIDS.

Table 2.
HIV Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics By Selected California Counties and Cities 1999 - 2000

Selected Counties and Cities	Number Tested 2000	Number Positive[2] 2000	Seroprevalence (%)		Percent Change 1999 to 2000
			1999	2000	
Fresno	526	2	0.4	0.4	0.0
Kern	505	1	0.4	0.2	-50.0
Sacramento	312	1	1.5	0.3	-80.0
San Bernardino	517	1	0.0	0.2	a
San Diego	498	22	3.8	4.4	15.8
San Joaquin	513	1	0.4	0.2	-50.0
Santa Clara	76	0	b	0.0	b
Long Beach	502	9	1.1	1.8	63.6
Berkeley	470	3	1.5	0.6	-60.0
Total	3,919	40	1.1	1.0	-9.1

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorescence Assay (IFA).

[a] Not applicable.

[b] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Note: Data collection for January – June 2000. County and City totals include unknown gender and may not agree with individual County/City totals (Tables 12-22).

Source: California Department of Health Services, Office of AIDS.

Table 3.
HIV Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics by Gender and Risk Behavior Category 1999 - 2000

Gender and Risk Behavior	Number Tested 2000	Number Positive[2] 2000	Seroprevalence (%)		Percent Change 1999 to 2000
			1999	2000	
MALE					
MSM	235	22	12.2	9.4	-23.0
MSM/IDU[3]	6	1	a	a	a
Heterosexual	1,952	2	0.7	0.1	-85.7
Heterosexual, IDU	31	0	a	a	a
Other[4]	b	0	a	a	a
Unknown	152	11	a	7.2	a
Sub-Total MALE	2,380	36	1.6	1.5	-6.3
FEMALE					
Heterosexual	1,343	4	0.4	0.3	-25.0
Heterosexual, IDU	22	0	a	a	a
Other[4]	48	0	a	a	a
Unknown	78	0	a	a	a
Sub-Total FEMALE	1,491	4	0.3	0.3	0.0
Missing Gender	48	0	a	a	a
Total	3,919	40	1.1	1.0	-9.1

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men who have a history of injection drug use (IDU).

[4] Other includes lesbian women and the following groups if they did not identify sex partner/s by gender: IDU, sex partner of IDU, sex partner of person with HIV/AIDS, exchanged money or drugs for sex.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Less than 5.

Source: California Department of Health Services, Office of AIDS.

Table 4.
HIV Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics Selected California Counties and Cities by Gender and Race/Ethnicity 1999 - 2000

Gender and Race/Ethnicity	Number Tested 2000	Number Positive[2] 2000	Seroprevalence (%)		Percent Change 1999 –2000
			1999	2000	
MALE					
White	656	16	2.1	2.4	14.3
Black	626	11	2.2	1.8	-18.2
Hispanic	904	7	0.8	0.8	0.0
Asian/Pacific Islander	100	1	1.8	1.0	-44.4
American Indian/Alaskan Native	5	0	a	a	a
Other	62	1	a	a	a
Unknown	27	0	a	a	a
Sub-Total MALE	2,380	36	1.6	1.5	-6.3
FEMALE					
White	427	1	0.2	0.2	0.0
Black	394	1	0.7	0.3	-57.1
Hispanic	511	2	0.2	0.4	100.0
Asian/Pacific Islander	97	0	a	a	a
American Indian/Alaskan Native	b	0	a	a	a
Other	41	0	a	a	a
Unknown	17	0	a	a	a
Sub-Total FEMALE	1,491	4	0.3	0.3	0.0
Missing Gender	48	0	a	a	a
Total	3,919	40	1.1	1.0	-9.1

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

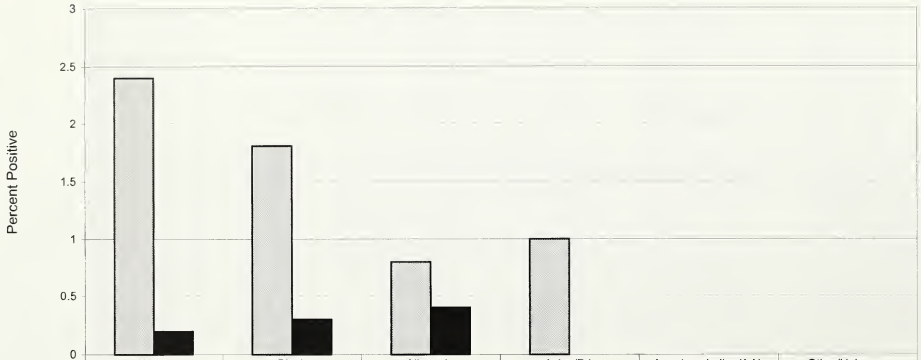
[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Less than 5.

Source: California Department of Health Services, Office of AIDS.

Figure 2. HIV Seroprevalence Among Persons Attending STD Clinics in Selected California Counties and Cities by Gender and Race/Ethnicity, 2000



	White	Black	Hispanic	Asian/P.I.	American Indian/A.N.	Other/Unknown
Men	2.4	1.8	0.8	1		
Women	0.2	0.3	0.4			

Note: Excludes Asian/P.I. women, American Indian/Alaskan Native men and women, and Other/Unknown men and women (not calculated for fewer than 100 tested and number positive less than or equal to 3).
Source: California Department of Health Services, Office of AIDS.

Table 5.
HIV Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics Selected California Counties and Cities by Gender and Age Group 1999 – 2000

Gender and Age Group	Number Tested 2000	Number Positive[2] 2000	Seroprevalence (%)		Percent Change 1999 - 2000
			1999	2000	
MALE					
14 and Under	a	0	b	b	b
15 – 19	234	0	0.0	0.0	0.0
20 – 24	603	3	0.3	0.5	66.7
25 – 29	418	4	0.6	1.0	66.7
30 – 34	335	9	2.2	2.7	22.7
35 – 39	253	12	4.7	4.7	0.0
40 – 44	217	2	2.9	0.9	-69.0
45 and Over	303	5	2.7	1.7	-37.0
Unknown	15	1	b	b	b
Sub-Total MALE	2,380	36	1.6	1.5	-6.3
FEMALE					
14 and Under	21	0	b	b	b
15 – 19	273	0	0.0	0.3	c
20 – 24	370	1	0.3	0.3	0.0
25 – 29	254	0	0.4	0.0	-100.0
30 – 34	181	0	0.5	0.0	-100.0
35 – 39	150	0	0.7	0.0	-100.0
40 – 44	106	0	0.0	0.0	-100.0
45 and Over	119	2	0.0	1.7	c
Unknown	17	1	b	b	b
Sub-Total FEMALE	1491	4	0.3	0.3	0.0
Missing Gender	48	0	b	b	b
Total	3,919	40	1.1	1.0	-9.1

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorescence Assay (IFA).

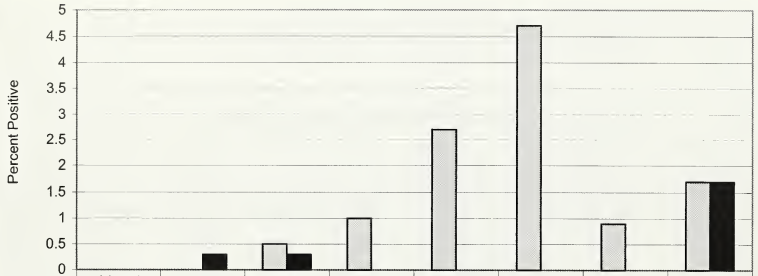
[a] Less than 5.

[b] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[c] Not applicable.

Source: California Department of Health Services, Office of AIDS.

Figure 3. HIV Seroprevalence Among Persons Attending STD Clinics in Selected California Counties and Cities by Gender and Age Group, 2000



	14 and Under	15-19	20-24	25-29	30-34	35-39	40-44	45 and Over
Men		0	0.5	1	2.7	4.7	0.9	1.7
Women		0.3	0.3	0	0	0	0	1.7

Note: Excludes Age Groups 14 and Under and Unknown age group (not calculated for fewer than 100 tested and number positive less than or equal to 3).
Source: California Department of Health Services, Office of AIDS.

Table 6.
HIV Seroprevalence for MSM[1]
Attending Sexually Transmitted Disease (STD)[2] Clinics
Selected California Counties and Cities
by Race/Ethnicity
1999 - 2000

Race/Ethnicity	Number Tested 2000	Number Positive[3] 2000	Seroprevalence (%)		Percent Change 1999 - 2000
			1999	2000	
White	109	11	9.8	10.1	3.1
Black	36	5	27.6	13.9	-49.6
Hispanic	77	5	7.8	6.5	-16.7
Asian/Pacific Islander	8	1	a	a	a
American Indian/Alaskan Native	0	0	a	a	a
Other/Unknown	11	1	a	a	a
Total	241	23	11.4	9.5	-16.7

[1] Includes men who have sex with men (MSM) and MSM who have a history of injection drug use (IDU).

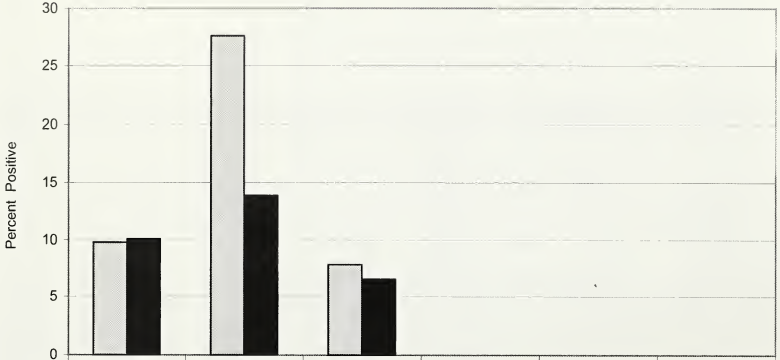
[2] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Source: California Department of Health Services, Office of AIDS.

Figure 4. HIV Seroprevalence Among MSM Attending STD Clinics in Selected California Counties and Cities by Race/Ethnicity, 1999 - 2000



	White	Black	Hispanic	Asian/P.I.	Amer. Ind./A.N.	Other/Unknown
1999	9.8	27.6	7.8			
2000	10.1	13.9	6.5			

Note: Excludes Asian/Pacific Islander, American Indian/Alaskan Native, and none of the above men (not calculated for fewer than 100 tested and number positive less than or equal to 3).
Source: California Department of Health Services, Office of AIDS.

Table 7.
HIV Seroprevalence for MSM[1]
Attending Sexually Transmitted Disease (STD)[2] Clinics
Selected California Counties and Cities
by Age Group
1999 - 2000

Age Group	Number Tested 2000	Number Positive[3] 2000	Seroprevalence (%)		Percent Change 1999 - 2000
			1999	2000	
14 and Under	0	0	a	a	a
15-19	15	0	a	a	a
20-24	50	2	a	a	a
25-29	37	3	a	a	a
30-34	43	8	16.2	18.6	14.8
35-39	27	4	22.6	14.8	-34.5
40-44	26	1	25.0	a	b
45 and Over	41	4	a	9.8	b
Unknown	c	1	a	a	a
Total	241	23	11.4	9.5	-16.7

[1]Includes men who have sex with men (MSM) and MSM men who have a history of injection drug use (IDU)

[2]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorescence Assay (IFA).

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b]Not applicable.

[c]Less than 5.

Source: California Department of Health Services, Office of AIDS.

Table 8.
HIV Seroprevalence for Heterosexual Males[1] Attending Sexually Transmitted Disease (STD)[2] Clinics Selected California Counties and Cities by Race/Ethnicity 1999 - 2000

Race/Ethnicity	Number Tested 2000	Number Positive[3] 2000	Seroprevalence (%)		Percent Change 1999 - 2000
			1999	2000	
White	483	0	1.0	0.0	-100.0
Black	548	1	1.2	0.2	-83.3
Hispanic	791	1	0.2	0.1	-50.0
Asian/Pacific Islander	87	0	1.0	a	b
American Indian/Alaskan Native	5	0	a	a	a
Other/Unknown	69	0	a	a	a
Total	1,983	2	0.7	0.1	-85.7

[1] Includes men who have a history of injection drug use (IDU).

[2] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

Source: California Department of Health Services, Office of AIDS.

Table 9.
HIV Seroprevalence for Heterosexual Females[1] Attending Sexually Transmitted Disease (STD)[2] Clinics Selected California Counties and Cities by Race/Ethnicity 1999 - 2000

Race/Ethnicity	Number Tested 2000	Number Positive[3] 2000	Seroprevalence (%)		Percent Change 1999 - 2000
			1999	2000	
White	383	1	0.2	0.3	50.0
Black	370	1	0.8	0.3	-62.5
Hispanic	473	2	0.2	0.4	100.0
Asian/Pacific Islander	87	0	a	a	a
American Indian/Alaskan Native	3	0	a	a	a
Other/Unknown	49	0	a	a	a
Total	1,365	4	0.4	0.3	-25.0

[1] Includes women who have a history of injection drug use (IDU).

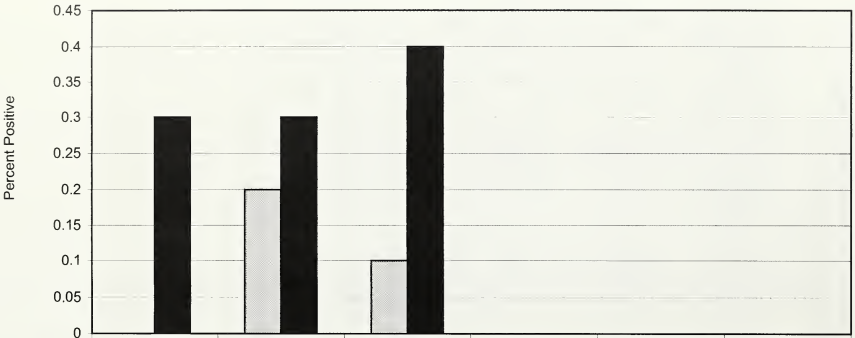
[2] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Source: California Department of Health Services, Office of AIDS.

Figure 5. HIV Seroprevalence Among Heterosexuals Attending STD Clinics in Selected California Counties and Cities by Gender and Race/Ethnicity, 2000



Note: Excludes Asian/Pacific Islander, American Indian/Alaskan Native, and Other/Unknown race/ethnicity (not calculated for fewer than 100 tested and number positive less than or equal to 3).
Source: Calfiornia Department of Health Services, Office of AIDS.

Table 10.
HIV Seroprevalence for Heterosexual Males[1] Attending Sexually Transmitted Disease (STD)[2] Clinics Selected California Counties and Cities by Age Group 1999 - 2000

Age Group	Number Tested 2000	Number Positive[3] 2000	Seroprevalence (%)		Percent Change 1999 - 2000
			1999	2000	
14 and Under	a	0	b	b	b
15-19	208	0	0.0	0.0	0.0
20-24	518	1	0.2	0.2	0.0
25-29	354	0	0.2	0.0	-100.0
30-34	267	0	0.6	0.0	-100.0
35-39	202	0	2.6	0.0	-100.0
40-44	176	0	0.5	0.0	-100.0
45 and Over	245	1	2.1	0.4	-81.0
Unknown	12	0	b	b	b
Total	1,983	2	0.7	0.1	-85.7

[1]Includes men who have a history of injection drug use (IDU).

[2]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorescence Assay (IFA).

[a]Less than 5.

[b]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Source: California Department of Health Services, Office of AIDS.

Table 11.
HIV Seroprevalence for Heterosexual Females[1] Attending Sexually Transmitted Disease (STD)[2] Clinics Selected California Counties and Cities by Age Group 1999 - 2000

Age Group	Number Tested 2000	Number Positive[3] 2000	Seroprevalence (%)		Percent Change 1999 - 2000
			1999	2000	
14 and Under	21	0	a	a	a
15-19	258	0	0.4	0.0	-100.0
20-24	338	1	0.3	0.3	0.0
25-29	225	0	0.4	0.0	-100.0
30-34	169	0	0.6	0.0	-100.0
35-39	136	0	0.8	0.0	-100.0
40-44	94	0	a	a	a
45 and Over	107	2	0.0	1.9	b
Unknown	17	1	a	a	a
Total	1,365	4	0.4	0.3	-25.0

[1]Includes women who have a history of injection drug use (IDU).

[2]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

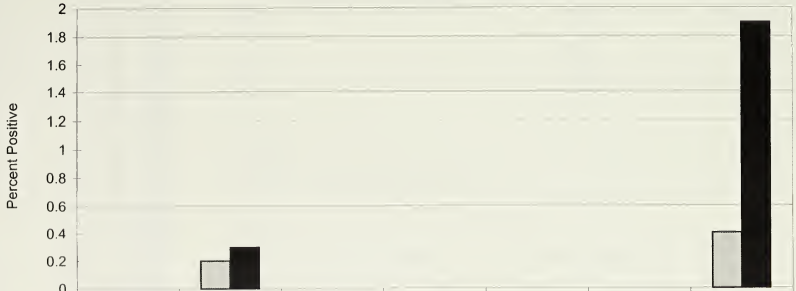
[3]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorescence Assay (IFA).

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b]Not applicable.

Source: California Department of Health Services, Office of AIDS.

Figure 6. HIV Seroprevalence Among Heterosexuals Attending STD Clinics in Selected California Counties and Cities by Gender and Age Group, 2000



	15-19	20-24	25-29	30-34	35-39	40-44	45 and Over
Men	0	0.2	0	0	0	0	0.4
Women	0	0.3	0	0	0		1.9

Note: Excludes Age Groups 14 and Under and Unknown age group for Male and Female, and age group 40-44 for Female (not calculated for fewer than 100 tested and number positive less than or equal to 3).

Source: California Department of Health Services, Office of AIDS.

Table 12.
HIV Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category
Fresno County, January – June 2000

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Sero-Prevalence (%)	Number Tested	Number Positive[2]	Sero-Prevalence (%)
Risk Behavior	MSM	18	1	a	b	b	b
	MSM, IDU	0	0	a	b	b	b
	Heterosexual	293	0	0.0	196	1	0.5
	Heterosexual, IDU	c	0	a	c	0	a
	Other	0	0	a	5	0	a
	Unknown	c	0	a	c	0	a
Race/Ethnicity	White	46	0	a	23	0	a
	Black	61	1	a	46	0	a
	Hispanic	177	0	0.0	116	1	0.9
	Asian/Pacific Islander	19	0	a	10	0	a
	American Ind/Alsk Native	c	0	a	c	0	a
	Other	9	0	a	c	0	a
	Unknown	c	0	a	6	0	a
Age Group	14 and Under	0	0	a	c	0	a
	15-19	36	0	a	36	0	a
	20-24	75	0	a	41	1	a
	25-29	76	0	a	37	0	a
	30-34	34	0	a	28	0	a
	35-39	35	0	a	27	0	a
	40-44	28	0	a	17	0	a
	45 and Over	30	0	a	12	0	a
	Unknown	c	0	a	c	0	a
Total		315	1	0.3	205	1	0.5

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

[c] Less than 5.

Source: California Department of Health Services, Office of AIDS.

Table 13.
HIV Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category Kern County, January – June 2000

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Sero-Prevalence (%)	Number Tested	Number Positive[2]	Sero-Prevalence (%)
Risk Behavior	MSM	11	0	a	b	b	b
	MSM, IDU	c	0	a	b	b	b
	Heterosexual	250	1	0.4	208	0	0.0
	Heterosexual, IDU	8	0	a	9	0	a
	Other	0	0	a	6	0	0.0
	Unknown	0	0	a	c	0	a
Race/Ethnicity	White	71	0	a	78	0	a
	Black	63	0	a	55	0	a
	Hispanic	129	1	0.8	85	0	a
	Asian/Pacific Islander	c	0	a	c	0	a
	American Ind/Alsk Native	0	0	a	0	0	a
	Other	c	0	a	c	0	a
	Unknown	c	0	a	c	0	a
Age Group	14 and Under	c	0	a	9	0	a
	15-19	58	0	a	70	0	a
	20-24	77	1	a	58	0	a
	25-29	37	0	a	26	0	a
	30-34	34	0	a	25	0	a
	35-39	22	0	a	16	0	a
	40-44	15	0	a	11	0	a
	45 and Over	24	0	a	9	0	a
	Unknown	c	0	a	0	0	a
Total		270	1	0.4	224	0	0.0

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

[c] Less than 5.

Source: California Department of Health Services, Office of AIDS.

Table 14.
HIV Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category
Sacramento County, January – June 2000

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Sero-Prevalence (%)	Number Tested	Number Positive[2]	Sero-Prevalence (%)
Risk Behavior	MSM	13	1	a	b	b	b
	MSM, IDU	0	0	a	b	b	b
	Heterosexual	127	0	0.0	114	0	0.0
	Heterosexual, IDU	c	0	a	c	0	a
	Other	c	0	a	7	0	a
	Unknown	13	0	a	11	0	a
Race/Ethnicity	White	44	0	a	54	0	a
	Black	60	1	a	34	0	a
	Hispanic	39	0	a	33	0	a
	Asian/Pacific Islander	9	0	a	c	0	a
	American Ind/Alsk Native	c	0	a	c	0	a
	Other	c	0	a	c	0	a
	Unknown	c	0	a	c	0	a
Age Group	14 and Under	0	0	a	c	0	a
	15-19	11	0	a	36	0	a
	20-24	61	1	a	35	0	a
	25-29	25	0	a	23	0	a
	30-34	16	0	a	12	0	a
	35-39	15	0	a	9	0	a
	40-44	12	0	a	c	0	a
	45 and Over	11	0	a	7	0	a
	Unknown	5	0	a	6	0	a
Total		156	1	0.6	133	0	0.0

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

[c] Less than 5.

Source: California Department of Health Services, Office of AIDS.

Table 15.
HIV Seroprevalence Among Persons Attending Sexually Transmitted Disease(STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category San Bernardino County, January – June 2000

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Sero-Prevalence (%)	Number Tested	Number Positive[2]	Sero-Prevalence (%)
Risk Behavior	MSM	24	0	a	b	b	b
	MSM, IDU	c	0	a	b	b	b
	Heterosexual	263	0	0.0	201	1	0.5
	Heterosexual, IDU	5	0	a	c	0	a
	Other	c	0	a	10	0	a
	Unknown	5	0	a	c	0	a
Race/Ethnicity	White	95	0	a	62	0	a
	Black	77	0	a	58	1	a
	Hispanic	105	0	0.0	69	0	a
	Asian/Pacific Islander	7	0	a	20	0	a
	American Ind/Alsk Native	c	0	a	0	0	a
	Other	12	0	a	6	0	a
	Unknown	c	0	a	c	0	a
Age Group	14 and Under	0	0	a	c	0	a
	15-19	30	0	a	38	0	a
	20-24	92	0	a	46	0	a
	25-29	50	0	a	32	0	a
	30-34	37	0	a	19	0	a
	35-39	31	0	a	20	0	a
	40-44	26	0	a	25	0	a
	45 and Over	31	0	a	28	0	a
	Unknown	c	0	a	7	1	a
Total		301	0	0.0	216	1	0.5

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

[c] Less than 5.

Source: California Department of Health Services, Office of AIDS.

Table 16.
HIV Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category San Diego County, January – June 2000

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Sero-Prevalence (%)	Number Tested	Number Positive[2]	Sero-Prevalence (%)
Risk Behavior	MSM	44	11	25.0	a	a	a
	MSM, IDU	0	0	c	a	a	a
	Heterosexual	197	0	0.0	93	1	1.1
	Heterosexual, IDU	b	0	c	0	0	c
	Other	0	0	c	0	0	c
	Unknown	108	10	9.3	54	0	c
Race/Ethnicity	White	171	12	7.0	54	0	c
	Black	82	5	6.1	28	0	c
	Hispanic	66	3	c	46	1	c
	Asian/Pacific Islander	10	0	c	12	0	c
	American Ind/Alsk Native	0	0	c	b	0	c
	Other	9	1	c	b	0	c
	Unknown	13	0	c	b	0	c
Age Group	14 and Under	0	0	c	0	0	c
	15-19	13	0	c	18	0	c
	20-24	73	0	c	31	0	c
	25-29	70	1	c	29	0	c
	30-34	64	6	9.4	18	0	c
	35-39	44	10	22.7	21	0	c
	40-44	45	2	c	17	0	c
	45 and Over	41	2	c	13	1	c
	Unknown	b	0	c	b	0	c
Total		351	21	6.0	147	1	0.7

[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorescence Assay (IFA).

[a]Not applicable.

[b]Less than 5.

[c]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Source: California Department of Health Services, Office of AIDS.

Table 17.
HIV Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category
San Joaquin County, January – June 2000

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Sero-Prevalence (%)	Number Tested	Number Positive[2]	Sero-Prevalence (%)
Risk Behavior	MSM	25	0	a	b	b	b
	MSM, IDU	0	0	a	b	b	b
	Heterosexual	340	1	0.3	119	0	0.0
	Heterosexual, IDU	c	0	a	c	0	a
	Other	0	0	a	6	0	a
	Unknown	16	0	a	c	0	a
Race/Ethnicity	White	59	0	a	34	0	a
	Black	82	1	a	23	0	a
	Hispanic	205	0	0.0	59	0	a
	Asian/Pacific Islander	20	0	a	7	0	a
	American Ind/Alsk Native	0	0	a	0	0	a
	Other	14	0	a	6	0	a
	Unknown	c	0	a	c	0	a
Age Group	14 and Under	c	0	a	c	0	a
	15-19	38	0	a	17	0	a
	20-24	101	0	a	31	0	a
	25-29	57	0	a	27	0	a
	30-34	47	0	a	19	0	a
	35-39	31	0	a	11	0	a
	40-44	35	0	a	5	0	a
	45 and Over	70	1	a	18	0	a
	Unknown	c	0	a	c	0	a
Total		382	1	0.3	130	0	0.0

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

[c] Less than 5.

Source: California Department of Health Services, Office of AIDS.

Table 18.
HIV Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category
Santa Clara County, January – June 2000

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Sero-Prevalence (%)	Number Tested	Number Positive[2]	Sero-Prevalence (%)
Risk Behavior	MSM	11	0	a	b	b	b
	MSM, IDU	0	0	a	b	b	b
	Heterosexual	59	0	a	c	0	a
	Heterosexual, IDU	0	0	a	c	0	a
	Other	0	0	a	c	0	a
	Unknown	c	0	a	0	0	a
Race/Ethnicity	White	15	0	a	c	0	a
	Black	9	0	a	0	0	a
	Hispanic	43	0	a	c	0	a
	Asian/Pacific Islander	c	0	a	c	0	a
	American Ind/Alsk Native	0	0	a	0	0	a
	Other	c	0	a	0	0	a
	Unknown	0	0	a	0	0	a
Age Group	14 and Under	0	0	a	0	0	a
	15-19	c	0	a	c	0	a
	20-24	16	0	a	0	0	a
	25-29	18	0	a	0	0	a
	30-34	12	0	a	c	0	a
	35-39	10	0	a	c	0	a
	40-44	7	0	a	c	0	a
	45 and Over	5	0	a	c	0	a
	Unknown	0	0	a	0	0	a
Total		71	0	a	c	0	a

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

[c] Less than 5.

Source: California Department of Health Services, Office of AIDS.

Table 19.
HIV Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category City of Long Beach, January – June 2000

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Sero-Prevalence (%)	Number Tested	Number Positive[2]	Sero-Prevalence (%)
Risk Behavior	MSM	51	7	13.7	b	b	b
	MSM, IDU	c	1	a	b	b	b
	Heterosexual	259	0	0.0	169	1	0.6
	Heterosexual, IDU	10	0	a	c	0	a
	Other	0	0	a	8	0	a
	Unknown	0	0	a	0	0	a
Race/Ethnicity	White	78	2	a	34	1	a
	Black	109	2	1.8	65	0	a
	Hispanic	109	3	2.8	60	0	a
	Asian/Pacific Islander	20	1	a	19	0	a
	American Ind/Alsk Native	c	0	a	0	0	a
	Other	c	0	a	c	0	a
	Unknown	0	0	a	0	0	a
Age Group	14 and Under	0	0	a	c	0	a
	15-19	29	0	a	29	0	a
	20-24	66	1	a	49	0	a
	25-29	57	2	a	26	0	a
	30-34	44	3	a	21	0	a
	35-39	33	0	a	22	0	a
	40-44	29	0	a	14	0	a
	45 and Over	64	2	a	18	1	a
	Unknown	0	0	a	0	0	a
Total		322	8	2.5	180	1	0.6

[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorescence Assay (IFA).

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b]Not applicable.

[c] Less than 5.

Source: California Department of Health Services, Office of AIDS.

Table 20.
HIV Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category City of Berkeley, January – June 2000

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Sero-Prevalence (%)	Number Tested	Number Positive[2]	Sero-Prevalence (%)
Risk Behavior	MSM	38	2	5.3	a	a	a
	MSM, IDU	b	0	c	a	a	a
	Heterosexual	164	0	0.0	242	0	0.0
	Heterosexual, IDU	b	0	c	b	0	c
	Other	b	0	c	b	0	c
	Unknown	7	0	c	b	0	c
Race/Ethnicity	White	77	2	c	87	0	c
	Black	83	1	c	85	0	c
	Hispanic	31	0	c	41	0	c
	Asian/Pacific Islander	9	0	c	22	0	c
	American Ind/Alsk Native	0	0	c	b	0	c
	Other	8	0	c	15	0	c
	Unknown	b	0	c	b	0	c
Age Group	14 and Under	0	0	c	b	0	c
	15-19	16	0	c	28	0	c
	20-24	42	0	c	79	0	c
	25-29	28	1	c	54	0	c
	30-34	47	0	c	39	0	c
	35-39	32	2	c	22	0	c
	40-44	20	0	c	13	0	c
	45 and Over	27	0	c	14	0	c
	Unknown	b	0	c	b	0	c
Total		212	3	1.4	252	0	0.0

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorescence Assay (IFA).

[a] Not applicable.

[b] Less than 5.

[c] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Source: California Department of Health Services, Office of AIDS.

TRENDS IN HIV SEROPREVALENCE AMONG STD PATIENTS BY REGION 1994 - 2000

Figures 7 through 14 present trends in HIV seroprevalence among persons attending STD clinics in eight regions of California, 1994–2000. Los Angeles and San Francisco Counties did not collect data for 2000, thus, figures and narrative remain as they were in the 1999 annual report.

In San Francisco, White patients had the highest HIV seroprevalence from 1994 through 1999. The prevalence of HIV infection peaked in 1999 for White and Black patients and in 1995 for Hispanic patients.White patients showed a steady decline of HIV infection between 1995 and 1998, but rose sharply in 1999. Both Black and Hispanic patients showed a slight increase between 1996 and 1999. Patients aged 15-44 showed a slight decline for years 1995-1998 and a slight increase from 1998 to 1999. Seroprevalence for age group 45 and over peaked in 1999. All six years showed the same ranking for risk behavior: MSM IDU, MSM, heterosexual IDU, and heterosexuals. HIV seroprevalences fluctuated for MSM IDU, and remained steady for heterosexuals and heterosexual IDU patients. HIV seroprevalence among MSM patients declined through 1998, and slightly increased in 1999.

In San Diego, White patients had fluctuating HIV seroprevalences from 1994 through 1998, with 1999-2000 showing an increase. The prevalence of HIV infection peaked in 1997 for White patients, in 1999 for Black patients, and in 2000 for Hispanic patients. Black patients showed an increase of HIV infection between 1996 and 1999, declining in 2000. Both age groups (15-44 and 45 and over) showed fluctuating HIV seroprevalence. MSM had the highest prevalence of HIV infection, declining sharply between 1997 and 1998, and rising sharply in 1999. The rates of HIV infection among heterosexual patients remained the lowest and remained unchanged.

In Los Angeles, White patients had the highest prevalence of HIV infection. HIV infection peaked in 1999. Both Black and Hispanic patients showed steady rates of HIV infection. Both age groups (15-44 and 45 and over) had the highest prevalence of HIV infection in 1997. MSM and MSM IDU groups had the highest prevalence of HIV infection between 1994 and 1999. Both groups showed a decline in HIV infection in 1998. The HIV seroprevalence rates among heterosexuals and heterosexuals IDU patients remained unchanged.

The Central Coast region included the County of San Luis Obispo and the City of Long Beach for 1994–1997 and City of Long Beach only for 1998-2000. The prevalence of HIV infection peaked in 2000 for White and Hispanic patients, and in 1997 for Black patients. Both White and Hispanic patients showed an increase of HIV infection in 2000; Hispanic patients had a slight decline in 2000. Age group 15-44 years showed unchanged rates of HIV infection. Age group 45 and over showed fluctuating rates of HIV infection. MSM had the highest prevalence of HIV infection, declining sharply from 1996 to 1998. The rate of HIV infection among heterosexuals remained unchanged.

The Bay Area region includes the County of Santa Clara and the City of Berkeley. The

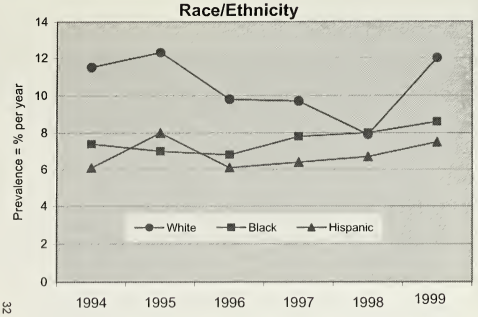
prevalence of HIV infection peaked in 1995 for Black and White patients. Black and Hispanic patients showed a decrease in HIV infection in year 2000. Age group 15-44 years showed a steady decline of HIV infection through 1998, increased in 1999, but decreased in 2000. The age group 45 and over showed fluctuating rates of HIV infection. MSM had the highest prevalence of infection, declining from 1995 through 1998, rising sharply in 1999, and dropping in 2000. The rates of HIV infection among heterosexual patients remained unchanged.

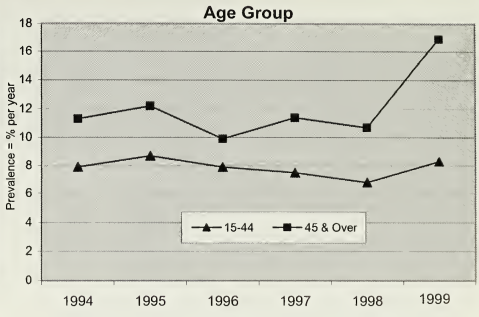
The Central Valley region includes the counties of Fresno, Kern, and San Joaquin. Black patients had the highest HIV seroprevalence, declining sharply from 1996 to 1997. White patients showed a steady decline through 1997, increasing slightly in 1998, and decreasing through 2000. Hispanic patients showed a decrease in HIV prevalence from 1994 through 1997, and rising slightly through 2000. Both age groups had the highest prevalence of HIV infection in 1994, and both age groups showed fluctuation in HIV prevalence. Heterosexuals had the highest prevalence in 1994, rising sharply from 1997 to 1998.

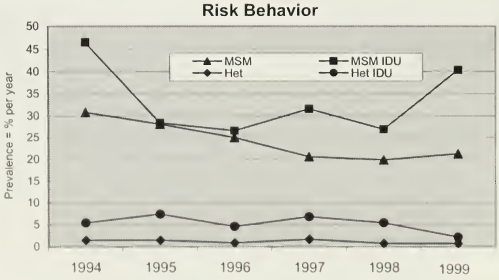
The North Valley region includes the counties of Sacramento and Solano for 1994 and 1995. Years 1996 through 2000 include Sacramento County only. The prevalence of HIV infection peaked in 1999 for Whites and Blacks. Both White and Black patients showed fluctuating rates of infection, both showing an increase from 1997 to 1999, and a decrease in 2000. Age group 15-44 dropped sharply between 1996 and 1997, and between 1999 and 2000. Heterosexual patients showed fluctuating HIV prevalence, peaking in 1999.

The South Valley region includes the counties of San Bernardino and Riverside for 1994 through 1996. Years 1997 through 2000 include San Bernardino County only. The prevalence of HIV infection peaked for White patients in 1994, 1996 for Hispanic patients, and 2000 for Black patients. The age group 15-44 peaked in 1994, and declined through 2000. Heterosexuals had the highest prevalence in 1994, declining through 1999, and rising in 2000.

Figure 7. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in San Francisco Region, 1994 - 1999

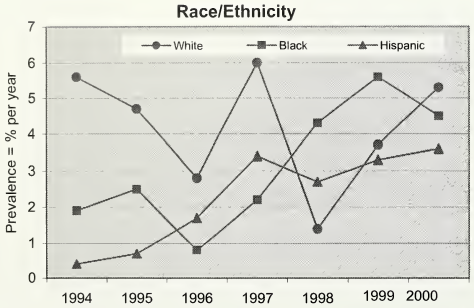




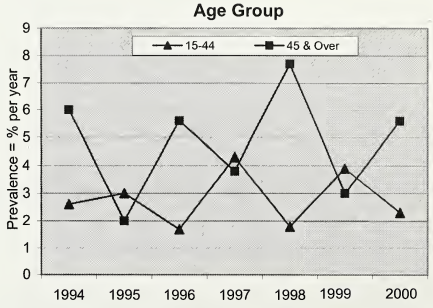


Region = San Francisco

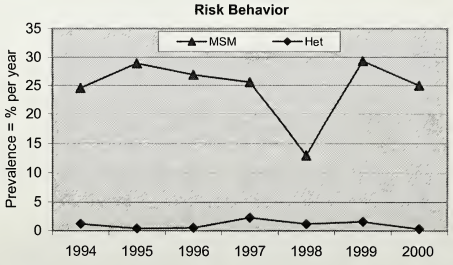
Figure 8. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in San Diego Region, 1994 - 2000



Note: Data were collected for six months only in all categories.



Note: For years 1995 through 1997, 1999, and 2000, there were less than 100 tested and less than or equal to 3 positive test results for age group 45 & Over.

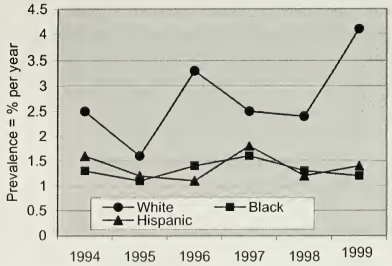


Note: No information available for MSM IDU and Heterosexual IDU categories.

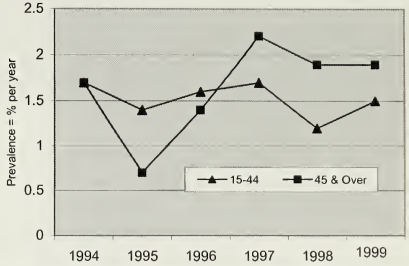
Region = San Diego

Figure 9. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in Los Angeles Region, 1994 - 1999

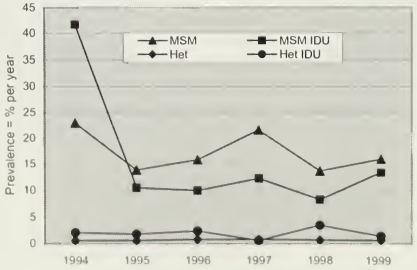
Race/Ethnicity



Age Group



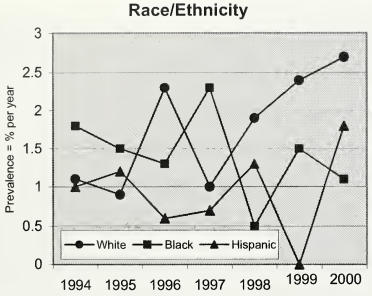
Risk Behavior

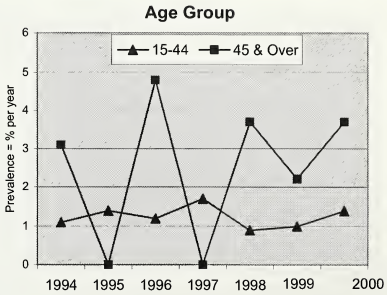


Note: For years 1995 through 1998, there were less than 100 tested and less than or equal to 3 positive test results for MSM IDU category.

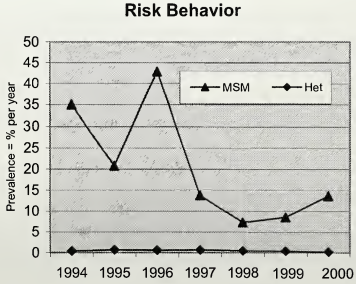
Region = Los Angeles

Figure 10. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in Central Coast Region, 1994 - 2000





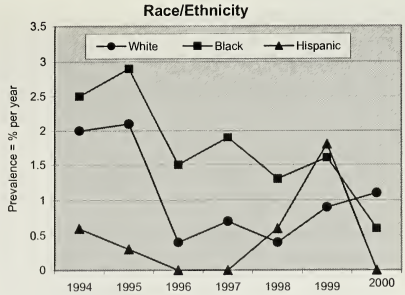
Note: For years 1994 through 2000 there were less than 100 tested and less than or equal to 3 positives test results for age group 45 & Over.



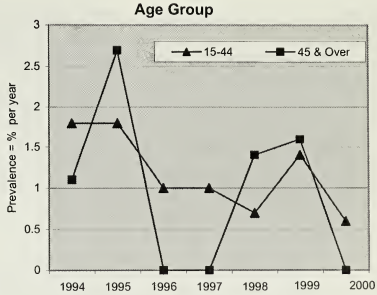
Note: For years 1998 and 1999, there were less than 100 tested and less than or equal to 3 positive test results for MSM category. Risk categories MSM IDU and Heterosexual IDU had small numbers and were not included.

Note: Central Coast includes Long Beach and San Luis Obispo. 1998 through 2000 data included Long Beach only. Data were collected for 6 months of each year for all categories.

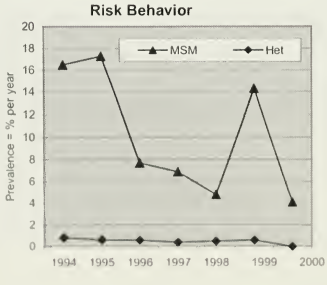
Figure 11. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in Bay Area Region, 1994 - 2000



Note: For 1996, there were less than 100 tested and less than or equal to 3 positives for Hispanic race category.



Note: For years 1996 through 2000, there were less than 100 tested and less than or equal to 3 positives test results for age group 45 & Over.

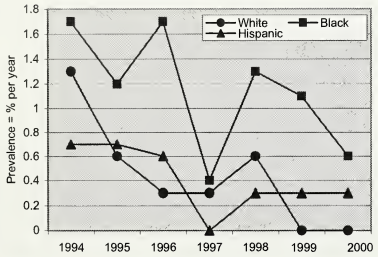


Note: Risk category MSM IDU and Heterosexual IDU had small numbers and were not included. For years 1996, 1998, and 2000, there were less than 100 tested and less than or equal to 3 positives test results for MSM category.

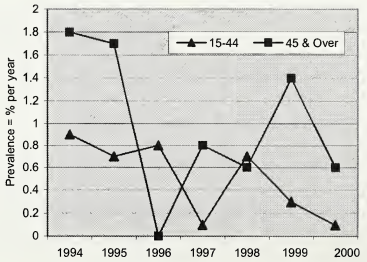
Note: Bay Area includes City of Berkeley and Santa Clara. For years 1994 through 1996, data were collected for 12 months; for years 1997 through 2000, data were collected for 6 months only. For year 1996, only City of Berkeley reported.

Figure 12. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in Central Valley Region, 1994 - 2000

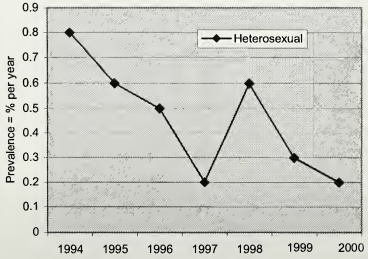
Race/Ethnicity



Age Group



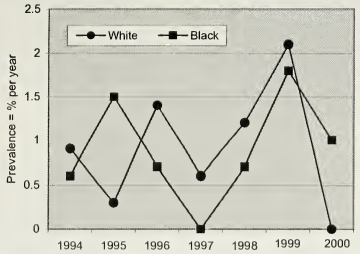
Risk Behavior



Note: Central Valley includes Fresno, Kern, and San Joaquin Counties. Specimens were collected for 6 months only. Risk categories MSM, Heterosexual IDU and MSM IDU had small numbers and were not included.

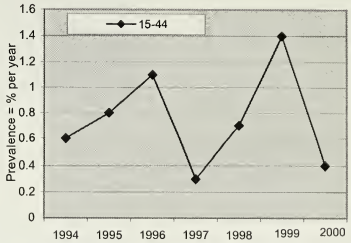
Figure 13. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in North Valley Region, 1994 - 2000

Race/Ethnicity



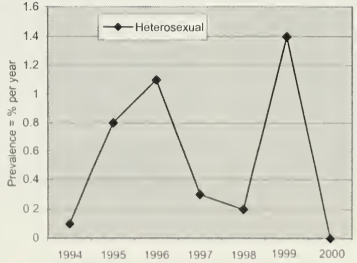
Note: Hispanics were not included because of zero positives for years 1994-2000.

Age Group



Note: Age group 45 & Over were not included because of small numbers tested and zero positives for years 1994-2000.

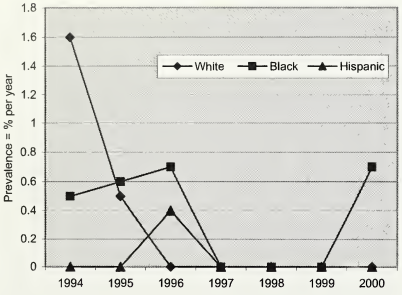
Risk Behavior



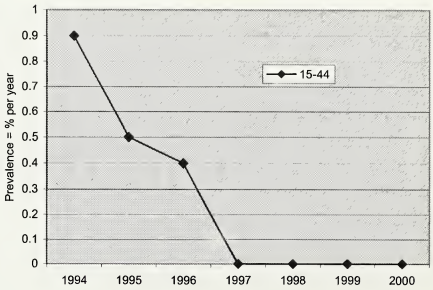
Note: North Valley included Sacramento and Solano for 1994 and 1995. For years 1996 through 2000, North Valley included Sacramento only. Specimens were collected for six months only. Risk categories MSM, Het IDU and MSM IDU had small numbers and were not included.

Figure 14. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in South Valley Region, 1994 - 2000

Race/Ethnicity

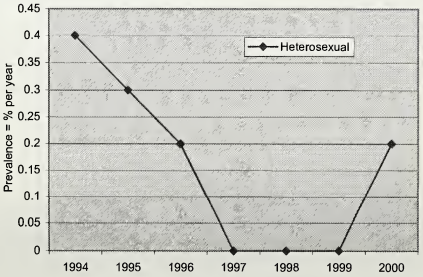


Age Group



Note: Age group 45 & Over was omitted because of zero positives for 1994-2000.

Risk Behavior



Note: South Valley included San Bernardino and Riverside for years 1994 through 1996. Years 1997 through 2000 included San Bernardino only. Specimens were collected for 6 months only. Risk categories MSM, Heterosexual IDU, and MSM IDU had small numbers and were not included.

BLOOD BANKS
AND PLASMA CENTERS

SURVEY AMONG BLOOD BANKS AND PLASMA CENTERS

OA began monitoring data from the routine testing of blood donors in 1987. HIV prevalences among donors are lower than those of the general population because persons at increased risk for HIV infection are actively discouraged from donating.

This report summarizes data from HIV-1 antibody screening of blood and blood products collected in selected California counties and cities for 2000. Additional county data are available through the OA. The DHS/OA receives reports of testing results from 43 blood banks and 16 plasma centers. This information represents data from California facilities required to report HIV-1/HIV-2[1] antibody test results to DHS/OA. HIV-2 data are not included in this report.

In 2000, 387,572 specimens from selected California blood banks[2] were tested, of which 7 (0.002 percent) were seropositive. HIV seroprevalence in selected California blood banks ranged from zero to 0.031 percent (Table 21).

In 2000, 478,449 specimens from selected California plasma centers[2] were tested, of which 27 (0.006 percent) were seropositive (Table 22). HIV seroprevalence in selected California plasma centers ranged from zero to 0.016 percent.

[1]Testing for HIV-2 began the second quarter of 1992. Data collected through 2000 showed 39 (13 Blood Banks, 26 Plasma Centers) confirmed positive for HIV-2. To date, the U.S. Food and Drug Administration has not licensed a confirmatory test for HIV-2 infection. Currently, reactive HIV-2 EIAs are confirmed by unlicensed tests. Cross-reactivity between HIV-1 and HIV-2 is a strong possibility in instances where HIV-2 is confirmed by existing unlicensed testing.

[2]Fresno, Kern, Sacramento, San Bernardino, San Diego, San Joaquin, Santa Clara and the City of Long Beach.

Table 21.
HIV-1 Seroprevalence for Units Collected by Selected California Blood Banks 2000

County/City of Residence	Number Tested	Number Positive[1]	Seroprevalence (%)
Fresno	48,188	0	0.000
Kern	13,017	0	0.000
Long Beach	3,243	1	0.031
Sacramento	140,665	0	0.000
San Bernardino	48,411	4	0.008
San Diego	114,042	2	0.002
San Joaquin	0	0	0.000
Santa Clara	2,006	0	0.000
Total	387,572	7	0.002

[1] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorencence Assay (IFA).

Source: California Department of Health Services, Office of AIDS.

Table 22.
HIV-1 Seroprevalence for Units Collected by Selected California Plasma Centers 2000

County/City of Residence	Number Tested	Number Positive[1]	Seroprevalence (%)
Fresno	76,956	2	0.003
Kern	37,212	0	0.000
Long Beach	114,763	15	0.013
Sacramento	30,427	5	0.016
San Bernardino	47,770	1	0.002
San Diego	142,860	4	0.003
San Joaquin	28,461	0	0.000
Santa Clara	0	0	0.000
Total	478,449	27	0.006

[1] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorencence Assay (IFA).

Source: California Department of Health Services, Office of AIDS.

CIVILIAN APPLICANTS FOR MILITARY SERVICE

SURVEY AMONG CIVILIAN APPLICANTS FOR MILITARY SERVICE

Since October 1985, all persons applying for active duty or reserve military service, the service academies, and the Reserve Officer Training Corps (ROTC) have been screened for HIV infection as part of their entrance medical evaluation. Applicants found to be HIV positive are excluded from military service but receive counseling from a military physician and referrals to HIV/AIDS specialists and counselors in their own communities. Data from this group are important because of the large number of persons screened and because the applicants include both sexes and all racial and ethnic groups from all areas of the country. The Department of Defense shares the resulting statistical data with the Centers for Disease Control and Prevention (CDC) for HIV surveillance purposes. The CDC in turn provides this information (excluding personal identifiers) to state and local health departments.

Prior to July 1993, before medical evaluations, applicants were interviewed about drug use and homosexual activity, both of which were grounds for exclusion from entry into military service. Potential applicants were informed that they would be screened for HIV antibodies and excluded from entry if infected. Therefore, injection drug users, MSM, and persons who suspected or were already aware they were infected with HIV were likely to have been under-represented among those applicants actually tested. In 1993, President Clinton authorized the "don't ask, don't tell policy" and applicants could no longer be asked about homosexual activity.

This report summarizes data for seven selected California counties[1] that also collect STD data. Additional county data are available through the OA. In 2000, a total of 11,706 specimens from these selected counties were tested for HIV antibodies (Table 23). Of these, 0.03 percent were seropositive. Prevalence ranged from zero positives in five counties to a high of 0.11 percent in Fresno County.

As shown in Table 24, males represented 78.8 percent (n=9,221) of the total civilian applicants for these counties, of which three (0.03 percent) were seropositive. Females represented 21.2 percent (n=2,485) of the total civilian applicants for these counties, of which zero were seropositive (Table 25).

In 2000, men in age group 30-34 showed the highest prevalence of 0.25 percent. Among race/ethnicity groups, Black applicants had the highest prevalence of 0.19 percent.

[1] Fresno, Kern, Sacramento, San Bernardino, San Diego, San Joaquin, and Santa Clara.

Table 23.
HIV Seroprevalence for Civilian Applicants for Military Service
Selected California Counties[1]
2000

County/City of Residence	Number Tested	Number Positive[2]	Seroprevalence (%)
Fresno	932	1	0.11
Kern	953	0	0.00
Sacramento	1,794	0	0.00
San Bernardino	2,377	0	0.00
San Diego	3,910	2	0.05
San Joaquin	791	0	0.00
Santa Clara	949	0	0.00
Total	11,706	3	0.03

[1] Data provided by Centers for Disease Control and Prevention, National Center for HIV/STD/TB Prevention, Division of HIV/AIDS Prevention, Civilian Applicants for Military Service.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorencence Assay (IFA).

Source: California Department of Health Services, Office of AIDS.

Table 24.
HIV Seroprevalence for Male Civilian Applicants For Military Service By Age Group and Race/Ethnicity Selected California Counties[1]
2000

Gender and Age Group	Number Tested	Number Positive[2]	Seroprevalence %
Age Group			
15-19	4,664	0	0.00
20-24	3,103	2	0.06
25-29	825	0	0.00
30-34	398	1	0.25
35-39	147	0	0.00
40-44	62	0	a
45 and Over	22	0	a
Race/Ethnicity			
White	4,576	0	0.00
Black	1,040	2	0.19
Hispanic	2,294	1	0.04
Asian/Pacific Islander	999	0	0.00
American Indian/Alaskan Native	211	0	0.00
Other/Unknown	101	0	0.00
Total	9,221	3	0.03

[1] Data provided by Centers for Disease Control and Prevention, National Center for HIV/STD/TB Prevention, Division of HIV/AIDS Prevention, Civilian Applicants for Military Service.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorencence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Source: California Department of Health Services, Office of AIDS.

Table 25.
HIV Seroprevalence for Female Civilian Applicants For Military Service By Age Group and Race/Ethnicity Selected California Counties[1]
2000

Gender and Age Group	Number Tested	Number Positive[2]	Seroprevalence %
Age Group			
15-19	1,384	0	0.00
20-24	738	0	0.00
25-29	205	0	0.00
30-34	106	0	0.00
35-39	43	0	a
40-44	6	0	a
45 and Over	b	0	a
Race/Ethnicity			
White	1,084	0	0.00
Black	439	0	0.00
Hispanic	619	0	0.00
Asian/Pacific Islander	259	0	0.00
American Indian/Alaskan Native	56	0	a
Other/Unknown	28	0	a
Total	2,485	0	0.00

[1] Data provided by Centers for Disease Control and Prevention, National Center for HIV/STD/TB Prevention, Division of HIV/AIDS Prevention, Civilian Applicants for Military Service.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western Blot or Immunofluorencence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Less than 5.

Source: California Department of Health Services, Office of AIDS.

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